

Education Field Trip Request Form Programs can be requested between 9 a.m. and 5 p.m. Monday through Friday

School Name:		
First Choice Date:	Second Choice Date:	Third Choice Date:
Name of requested education program: (Please refer to www.nps.gov/ulsg/forteachers/by-request-ranger-programs.htm for program titles.)		
Grade Level: (We prefer a ratio of 1 chap		of students attending: s know if the ratio for your class is significantly different.)
Teacher(s) name and addre	ss:	
Email address:		
Phone number(s) and best t	ime to call:	
Additional information/special considerations:		
Please return this form by e		
Education Director, l 7400 Grant Road	Jlysses S. Grant National Historic	Site
Saint Louis, MO 6312	23	

NOTE: Your reservation is not confirmed until you have been contacted by the Ulysses S. Grant NHS Education Director.

For questions, please call the Ulysses S. Grant NHS Education Director at (314) 842-1867 Ext. 224.